

INSTRUCTIONS FOR FILING APPLICATION FOR STUDENT LIMITED LICENSE

2006

This license is made available to those who have not passed a regional board test, (WREB, NERB, CRDTS, SRTA) National Boards or have not worked continuously as a dentist for at least five years prior to starting a residency program. In order to obtain a student limited license you must be enrolled in a resident or post-graduate program conducted by or associated with one of the Commonwealth's dental schools. If granted a limited license, you may only practice in conjunction with the dental school programs and may only provide professional services to patients of these programs. **Your application must be accompanied by a letter from the Dean or Program Director of the Dental School, stating that you are accepted in the program and the date that you are expected to complete the program.**

1. ____ When completing your application, you must use the name under which you desire to be licensed. The application must be accompanied by a check made payable to the Kentucky Board of Dentistry in the amount of \$280.00. The application must be completed and sworn before a Notary Public.
2. ____ Submit an official copy of your complete dental school transcript with your degree posted on it. This must have a seal or registrar's stamp. Request that it be sent directly to the Board office.
3. ____ Your National Board Score Card (copies not accepted) if applicable. Call 800-621-8099 to request it to be sent directly to the Board office.
4. ____ You must sign a statement (attached) regarding restriction of limited licensure.
5. ____ If you have not graduated in the last two years from a school with an approved HIV/AIDS curriculum you need to provide proof of having taken a Kentucky Cabinet for Health Services approved HIV/AIDS course within the last year. (Schools that are approved are on the back of this sheet) It must be at least a two hours course **and approved by the Kentucky Cabinet of Health & Family Services**. To obtain a current list of the approved courses call 502/564-6539 or check the Web site at: <http://chfs.ky.gov/dph/training>.
6. ____ You are required to pass a Kentucky jurisprudence examination. Check with the school for testing times during orientation or you may come into the Board office. ***You may obtain a booklet which contains the laws and regulations by sending a check to the Board office in the amount of \$10.00 made payable to the Kentucky Board of Dentistry. This test is an open book test and you must have your book with you the day of the test.***
7. ____ A copy of your current CPR or BLS card, front and back.

IF YOU HAVE BEEN LICENSED PREVIOUSLY IN ANOTHER STATE YOU MUST:

7. ____ Submit letters verifying good standing for each and every state in which you hold or have previously held a license. If sent to you, it must be sent to the Board office in the original sealed envelope. You may request that it be sent directly to the Board office.
8. ____ You will need to have a report from the National Practitioners Data Bank regarding your status. This is done at the Board office electronically and the cost for this service is \$25.00. Fill out the enclosed application and send it with your application with the appropriate fee.

Limited licenses are subject to renewal by December 31st of each odd year. The license will automatically expire upon completion of the residency program or termination of the student from the program. You need to notify the Board office upon termination or completion of the residency program.

Mail application and fee to:

**KENTUCKY BOARD OF DENTISTRY
10101 LINN STATION RD., STE. 540
LOUISVILLE KY 40223
PHONE: 502/429-7280**

Rev. 5/06

MEMORANDUM
STATEMENT REGARDING LICENSURE LIMITATIONS
STUDENT LIMITED LICENSE

It is with appreciation that I acknowledge the circumstance under which my licensure by the Kentucky Board of Dentistry has been effected. It is acknowledged that I was afforded this special consideration in order that I might be licensed in the Commonwealth of Kentucky to carry out my patient care functions as a student in a residency or post-graduate program conducted by or associated with one of the Commonwealth's dental schools and that I may only practice dentistry in conjunction with this program and may only provide professional services to patients of this program. It is further understood that this license is subject to annual renewal and shall automatically expire upon termination of my status as a student in this program.

Signed: _____

Name of Program in which I am enrolled: _____

Expected date of completion in program: _____

Current date: _____

CHECKLIST FOR LIMITED LICENSURE

Items to send with application:

1. ____ Application with photo & affidavit
2. ____ Proper Fee
3. ____ Letter from the Dean or Director of your program stating your acceptance.
4. ____ National Board Score Card
5. ____ Approved HIV/AIDS course
6. ____ Official transcript with degree posted
7. ____ Jurisprudence exam
8. ____ Signed statement regarding licensure
9. ____ Front and Back of current CPR/BLS card
10. ____ License verifications
11. ____ National Practitioners Data Bank Report Application